

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. MIT1.PAU.02	
Applicant(s): Thomas Weisel et al.					
Application No. 10/803,406	Filing Date 03/17/2004	Examiner Tuan V. Nguyen	Customer No. 23386	Group Art Unit 3731	Confirmation No. 5563
Invention: EXPANDABLE NEEDLE SUTURE APPARATUS AND ASSOCIATED HANDLE ASSEMBLY					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	13 -	22 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 01-1960 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
_____ /joseph c. andras/ <i>Signature</i>			Dated: 09/20/2007		
Joseph C. Andras, Reg. No. 33,469 Myers Dawes Andras & Sherman LLP 19900 MacArthur Blvd., Suite 1150 Irvine, CA 92612 Tel: (949) 223-9600 Fax: (949) 223-9610			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ <i>Signature of Person Mailing Correspondence</i> _____ <i>Typed or Printed Name of Person Mailing Correspondence</i>		
CC:					